ENTRY BLANK

PLEASE TYPE OR PRINT	Entered previous May Show
	O⊠ ves □ no
☐ Ms.	
Mr. Artist SCHUBE	ERT JAMES
Permanent Address 3060 PARM	(Last Name Last) NACEE DR. SEVEN HKI
Street	City
4413) Street Tel. (1524-8339
Zip Area Code	
Temporary or Studio Address	
Street	City
Tel. ()
Zip Area Code	
If you do not presently live in Western Reserve, which count	
Collaborator	
(If Any)	
If May Show entries are not ac	ccepted or not sold:
Artist will pick up at Muse	eum.
☐ Museum should dispose o	f.
☐ Museum should ship to ar	tist C.O.D. at this address:
•	
Special Instructions	
When necessary include below	instructions or a drawing of
how the object is to be assemi	oled and displayed.

DO NOT DETACH

This entry blank must be fully made out and signed. Unsigned entry blanks will not be accepted.

Note carefully calendar for delivery and return of objects. It is understood that the Museum will have the right to dispose for its own account any objects not called for by the dates listed.

It is also understood that accepted objects will remain on exhibition until July 17, 1983.

The submission of objects will be construed as acceptance of all conditions printed in the entry information.

Signature James 5 cherlent

Additional No. For Sale Total No. in Edition Price Unframed Frame ACCEPTED DO NOT WRITE IN THIS SECTION REJECTED DATE